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## SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

| FOR LINE NUMBER: |        | PAGE 328 / 692 |     |  |     |   |     |  |    |
|------------------|--------|----------------|-----|--|-----|---|-----|--|----|
| (che             | ck onl | y OI           | ne) |  |     |   | •   |  |    |
| X                | 11a    |                | 11b |  | 11c |   | 11d |  |    |
|                  | 12     |                | 13a |  | 13b | Г | 14  |  | 15 |

| HEMIZEL  | RECEIPTS   |                         | Detailed Summary Page                   | X                      | 11a                        | Ц                                  | 11b                    | -         | 110                |             | 11d             | <b>□</b> ₁ | 15 |  |  |
|--|--|-------------------------|---|------------------------|----------------------------|------------------------------------|------------------------|-----------|--------------------|-------------|-----------------|------------|----|--|--|
| Any information  | n copied from such Reports and cial purposes, other than using the | Statements ma           | ay not be sold or used by any p         | erson fo               | 12<br>or the p<br>icit cor | urp<br>htrib                       | 13a<br>ose o<br>oution | of s      | 13b<br>coliciting  | COT<br>cor  | ntributi        | ons        | 3  |  |  |
|  | COMMITTEE (In Full)  |                         |   |                        |                            |                                    |                        |           | -                  |             |                 |            | ᅦ  |  |  |
| \  | f Senator Carl Levin   |                         |   |                        |                            |                                    |                        |           |                    |             |                 |            |    |  |  |
| Full Name (Last, First, Middle Initial)  Myra Reinhard |  |                         |   |                        |                            | Date of Receipt                    |                        |           |                    |             |                 |            |    |  |  |
| Mailing Address 15185 Pepper Lane                      |  |                         |   |                        |                            | 06 01 2007                         |                        |           |                    |             |                 |            |    |  |  |
| City   |  | State                   | Zip Code                                |                        | Transaction ID: C1518237   |                                    |                        |           |                    |             |                 |            |    |  |  |
| <u>Saratoga</u>  | Saratoga CA 95070  |                         |   |                        |                            | Amount of Each Receipt this Period |                        |           |                    |             |                 |            |    |  |  |
|  | mber of contributing<br>itical committee.                          | c '                     |   |                        |                            |                                    |                        |           |                    | 10          | 0.00            | 0          |    |  |  |
| Name of E<br>Pepper La                                 | -<br>mployer<br>ne Properties                                      | Occupation              | 1                                       |                        | – Limi                     | t Ind                              | creas                  | sed       | Due to             | Opr         | onen            | 's         |    |  |  |
| Receipt Fo   | r: 2008  |                         | ycle-to-Date ▼                          | $\dashv$ $\sqsubseteq$ | J Spe                      | ndir                               | ng (2                  | U.S       | S.C. 441           | a(i)        | /441a           | -1)        |    |  |  |
| X Prima<br>Othe  | r (specify) ▼  |                         | 1000.00                                 |                        |                            |                                    |                        |           |                    |             |                 |            |    |  |  |
| Full Name<br>B. Jerry M Reir                           | (Last, First, Middle Initial)                                      | 1                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        | Date of                    | i Re                               | ceipt                  |           |                    |             |                 |            | _  |  |  |
| Mailing Add  | dress 333 West 35th Street   |                         |   | ] [                    | м•и<br>05                  | ]′                                 |                        | 0         | ]′[                | 2(          | Q O 7           |            |    |  |  |
| City   |  | State                   | Zip Code                                | ⊤                      | ransa                      | ctio                               | n ID:                  | C         | 15143              | 26          |                 |            |    |  |  |
| <u>Chicago</u>   |  | IL                      | 60616                                   | <u> </u>               | Amoun                      | t of                               | Each                   | n Re      | eceipt tl          | nis F       | eriod           |            | _  |  |  |
|  | mber of contributing itical committee.                             | С                       |   |                        |                            | <u>.</u>                           |                        |           |                    | 23          | 300.0           | 0          |    |  |  |
| Name of E<br>Bojer Final                               | mployer<br>ncial   | Occupation<br>Real Esta | n<br>ate Executive                      |                        | - Limi                     | t Inc                              | creas                  | sed       | Due to             | Opt         | oneni           | 's         |    |  |  |
| Receipt Fo   |  | Election C              | ycle-to-Date ▼                          | _   '-                 | n obe                      | HUII                               | ıg (2                  | U.S       | S.C. 441           | a(I)        | /44 I d         | .,         |    |  |  |
| X Prima<br>Other                                       | ary General<br>r (specify) <del>▼</del>                            |                         | 2300:00                                 | ]                      |                            |                                    |                        |           |                    |             |                 |            |    |  |  |
| Full Name<br>C. Jesse M. Re                            | (Last, First, Middle Initial)<br>iter                              | •                       |   |                        | Date of                    | f Re                               | ceipt                  |           |                    |             |                 |            |    |  |  |
|  | dress 455 Linden Rd  |                         |   |                        | м•м<br>О4                  | ]′                                 | تـــا                  | Б<br>3 О  | ] [                |             | Q O 7           | Y          |    |  |  |
| City   |  | State                   | Zip Code                                |                        |                            |                                    |                        |           | 15037              |             |                 |            |    |  |  |
| Birmingha  |  | <u>MI</u>               | 48009                                   | $\dashv$ :             | Amoun                      | t of                               | Each                   | ı Re      | eceipt tl          | nis F       | eriod           |            | 7  |  |  |
|  | nber of contributing tical committee.                              | c ;                     |   | [                      |                            |                                    |                        |           | 11                 | <br>اسست    | 750.00          | 0          |    |  |  |
| Name of Ed<br>Gregory &                                | mployer<br>Reiter, PC  | Occupation              | 1                                       |                        | l imal                     | مسانة                              |                        |           | D                  | o           |                 | la.        |    |  |  |
| Receipt Fo   |  | Attorney  Election Co   | ycle-to-Date ▼                          | $\dashv \square$       | ] Spei                     | ı ınd<br>ndin                      | creas<br>ng (2         | ea<br>U.S | Due to<br>S.C. 441 | opp<br>a(i) | юпепі<br>/441а· | .s<br>·1)  |    |  |  |
| X Prima  |  | Liection O              | <del>.</del>                            | <b>-</b>               |                            |                                    |                        |           |                    |             |                 |            |    |  |  |
| Other  | (specify) ▼  |                         | 750.00                                  |                        |                            |                                    | <u> </u>               |           |                    |             |                 | _          | _  |  |  |
| SUBTOTAL   | of Receipts This Page (optional) .                                 |                         |   | <u> </u>               |                            |                                    | •                      |           |                    | 40          | 50.00           | )          | ]  |  |  |
| TOTAL This   | Period (last page this line numbe                                  | r only)                 |   |                        |                            |                                    |                        |           |                    |             | •               |            |    |  |  |